

Provincial Health and Nutrition Programme – PHNP

Quarterly Progress Report

July to September 2015

PUNJAB

Provincial Health and Nutrition Programme 202488 Grant 2012-18

List of Acronyms

CDC	Centre for Disease Control
CEmOC	Comprehensive emergency obstetric care
CMWs	Community mid wives
cMLP	Continuous Multiyear Plans
DIME	Directorate of Information monitoring and evaluation
DHIS	District Health Information System
EmONC	Emergency obstetric medical care
EPHS	Essential Package for health services
HFA	Health Facility Assessment
IRMNCH	Integrated Reproductive maternal & new-born Child health
IYCF	Infant and young child feeding Practices
KPI	Key performance indicators
LHWs	Lady Health Workers
MEAs	Monitoring and Evaluation Assistants
MNCH	Maternal and new born Child health
MSDS	Minimum service delivery standards
OTP	Outpatient therapeutic program
PPHI	People's Primary Healthcare Initiative
PRSP	Punjab rural support program
RUTF	Ready to use therapeutic food
SC	Stabilization centre
TRF	Technical resource facility
THQH	Tehsil head quarter hospital

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1. Assessment of Health Sector Reform Programme against Disbursement Linked Indicators (DLI's)

1.1 Background

The Government of Punjab is committed to improve the health outcomes of the people by bringing about advancements in service delivery that ensure access to quality health services with special focus on maternal and child health services. The Punjab Health Sector Strategy has identified key areas of intervention and is promoting using an integrated approach to ensure health system strengthening. The World Bank and DFID are actively supporting the Government of Punjab (GOPb) in implementation of the health strategy through the Punjab Health Sector Reforms Programme (PHSRP) and the Punjab Health and Nutrition Programme (PHNP). The DFID funded Punjab Health and Nutrition Programme was rolled out in March 2013 to support the delivery of an Essential Package of Health Services Program and implementation of IRMNCH and Nutrition Program. The objective is to bring about a reduction in the morbidity and mortality arising from common illnesses, especially among the vulnerable population. The programme plans to achieve this by (a) enhancing coverage, quality and access to essential health care especially for the poor and the vulnerable and in underdeveloped districts and (b) improving Health Department's ability and systems for accountability and stewardship functions.

The World Bank and DFID are monitoring the implementation of the PHSRP and PHNP through a set of disbursement linked indicators (DLIs). These DLIs cover the following areas: Service delivery, Stewardship and Governance, Human Resource, Information, Medical Products and Financing.

The Punjab Health and Nutrition Programme (PHNP) is making steady progress against an identified and approved log frame/work plan. All the first year DLIs have been achieved. The total DLIs for the second year (2014-15) are 19. Out of these 15 DLIs have been fully achieved. Recent discussions held between DFID, the Health Department and other stakeholders have resulted in revision of the DLIs and 16 DLIs have been agreed mutually for the year 2015-16 between Health department and DFID team.

Financial support to the programme is based on achieving the disbursement linked indicators (DLIs). As per agreement the Government of Punjab is obliged to report progress on achievement on DLIs every quarter. This document provides the progress update for the July to September 2015 quarter of the PHNP Program. The DLI's are distributed among various areas and under each area that particular DLI has been explained.

Key challenges/lessons learnt and highlights for next quarter are also stated.

1.2 Service Delivery

DLI – Achieve an average of at least 4 deliveries per community midwife per month (achieved by 31 Oct 2015) and 5 deliveries per CMW per month (achieved by February 2016)

Means of verification:

- Revised PC-1 for IRMNCH approved by PDWP including revised retention package for CMWs.
- Reports from CMWs indicating increased average monthly deliveries.

Status:

PC-1 of National MNCH Program, Punjab 2012-15 was expired in June 2015. According to this PC-I, CMW was to be paid Rs. 5000 (3500+1500) as stipend during training and Rs. 5000 as retention fees up to the life of the Program. The PC-I was forwarded to CDWP after recommendation of PWDP for final approval but due to devolution and ambiguity between Central & Provincial Government, final approval is still awaited from Federal Government. However, Steering Committee Meeting held on 1st Nov, 2013 granted permission to continue the program activities as per PC-I subject to the availability of funds (**Annex-A** and **Annex- A1**).

Now on the advice of Federal Government, the same PC-I has been extended for further one year (till June, 2016) due to saving of the available funds. The retention model mentioned above is already present in the PC-I, however the payment were not started as this package does not cover the performance based payment as agreed and decided during various meetings of DFID and IRMNCH Program. In order to get approval for the performance based retention package of CMWs and other strategic initiatives like downsizing of CMWs schools, a steering committee meeting has been requested to be convened at P&D. Working paper for Steering Committee is attached as **Annex – B**.

The IRMNCH Program monthly reports show that average number of deliveries per CMW per month for second quarter was 3.77. Currently, on average CMWs are reporting 4.3 deliveries per month per CMW. The target of this DLI is 4 deliveries per month per CMW till 31st October 2015, which has been achieved.

Bhakkar, Faisalabad, Jhang, Jehlum, Nankana Sahib, Rahimyar khan are those districts which have not been able to achieve their targets so more attention will be given to these districts.

The target set for February 2016 is 5 deliveries per CMW. Nine (9) districts have already achieved this goal which includes Bahawalpur, Gujranwala. Mianwali, Narowal, Okara, Sargodha, Sheikhpura, Sialkot and Vehari.

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The following table displays deliveries by CMWs per district for this quarter:

Sr No	Districts	Deliveries /CMW in July	Deliveries /CMW in August	Deliveries /CMW in September	Average of three months (July + August + September) deliveries/ CMW
1	Attock	4.25	4.30	4.50	4.35
2	Bahawalnagar	5.06	4.53	4.24	4.61
3	Bahawalpur	7.09	6.03	5.81	6.31
4	Bhakkar	2.77	2.61	3.10	2.83
5	Chakwal	3.69	3.11	4.00	3.6
6	Chiniot	3.98	3.86	4.09	3.98
7	D. G Khan	3.18	4.04	4.76	3.99
8	Faisalabad	4.95	2.62	3.20	3.59
9	Gujranwala	5.06	5.23	5.75	5.35
10	Gujrat	4.0	5.33	4.14	4.49
11	Hafizabad	3.00	2.50	3.81	3.10
12	Jhang	1.48	1.84	2.03	1.78
13	Jhelum	3.40	2.81	3.24	3.15
14	Kasur	4.49	5.10	4.00	4.53
15	Khanewal	4.63	4.61	4.10	4.45
16	Khushab	4.0	3.84	4.08	3.97
17	Lahore	3.31	3.95	4.31	3.86
18	Layya	3.30	3.60	3.35	3.45
19	Londhran	3.29	3.82	4.49	3.87
20	M.B.Din	4.92	3.89	3.29	4.03
21	Mianwali	5.50	5.39	4.91	5.27
22	Multan	3.78	3.72	4.06	3.85
23	Muzaffargarh	4.04	4.17	3.93	4.05
24	Nankana Sahib	3.09	3.30	2.18	2.86
25	Narowal	5.80	5.70	6.87	6.12
26	Okara	5.96	5.47	4.31	5.25
27	Pakpatan	4.63	5.00	5.24	4.96
28	Rahimyar Khan	2.90	3.89	4.37	3.72
29	Rajanpur	5.30	4.76	4.91	4.99
30	Rawalpindi	4.95	4.03	4.08	4.35
31	Sahiwal	3.28	4.66	4.10	4.01
32	Sargodha	6.60	5.88	4.95	5.81
33	Sheikhupura	5.52	7.36	6.18	6.35
34	Sialkot	4.68	5.39	5.53	5.2
35	Toba Tek Singh	3.94	4.29	4.15	4.13
36	Vehari	4.93	5.24	5.16	5.11
	TOTAL	4.3	4.3	4.23	4.3

Source: MNCH Program MIS

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DLI – Implementation of Essential Package Health Service. (Achieved, by 31 October 2015)

Means of Verification:

- 55,500 healthcare providers in all districts receiving orientation on EPHS for Primary healthcare.
- EPHS for secondary care finalized and approved.

Status:

EPHS for the primary and secondary level health care facilities have been approved and notified (enclosed as **Annex-C** and **Annex-D**. Copy of Secondary level EPHS is attached as **Annex-E**.

Master trainers were trained through PHDC. For conducting district level training, IRMNCH and Nutrition Program was provided with funds through business plan. A comprehensive plan of training has been prepared in coordination with the districts for district level trainings. All EDO, Director DHDCs and District Coordinators IRMNCH Program were involved to conduct trainings. District wise trainings have been completed in 32 districts through which 47702 numbers of health care providers have been trained while training in District DG khan, Muzaffargarh and Khanewal is in process and will be completed on before 31st October 2015. District Multan training is still pending and EDO (H) has been directed to complete it as soon as possible. Monitoring of this training has been done through provincial officers of the IRMNCH and Nutrition Program. The list of officers is given in **Annex - F**. Final report of EPHS Training may be completed in first week of November 2015. Training data received so far is reflected in the below given table. Detail is attached as **Annex-G**

S No	Staff Category	To be Trained	Trained till Today
1	CMWs	2918	2163
2	LHWs	45753	36933
3	LHS	1815	1530
4	LHVs	2800	2381
5	SH & NS	2479	2096
6	Charge Nurse	311	236
7	MO/In charge BHU	2479	2109
8	SMO (RHC)	311	254
Total		58,866	47702

Cost sheet of training for ToT & FLCF, attendance sheet and pre & post-test performa are also attached as **Annex – H**, **Annex – I** and **Annex – J** respectively. This DLIs has been met.

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DLI – 100% functional SC and OTP centres providing high quality nutritional support services. (Achieved by 31 October 2015)

Means of Verification:

- All SC/OTP centres fully staffed.
- Monthly reports for nutritional centres including the following :
 1. Necessary equipment and tools (height boards, weigh scales, MUAC tapes, equipment for clinical examination of children, anthropometric tables) in good working condition.
 2. Stock levels of supplies of RUTF and essential medicines.
 3. At least one assessment of performance of centres conducted in last 6 months with 80% staff having adequate skills for high quality services.

STATUS:

All staff and essential equipment are available on all OTP centres. 16 posts of charge nurses for 18 SC centres which are already functional, have been advertised and hiring has been initiated.

There is shortage of RUTF in nine districts namely Bahawalpur, Bhakkar, Layyah, Mianwali, Narowal, Jehlum, Gujranwala, Gujrat and Khushab due to delay in supplies from UNICEF. UNICEF agreed for supply of RUTF till December 2015. UNICEF has shared a distribution plan with National Store placed at Karachi for distribution of RUTF to the districts and it will reach there by end of October. Procurement of RUTF through IRMNCH and Nutrition Program is in the process of shipment from supplier and will be delivered in January 2016. Reports are also attached as **Annex - K** and **Annex – L**.

TRF+ has been requested to conduct the semi-annual assessment.

1.3 Stewardship and Governance (25%)

DLI – Meetings of steering committee task force for Health Sector Strategy held. (Programme performance budget, TRF + and EVA discussion)

Means of verification:

1. At least two meetings of steering committee in a year which include progress report on previous recommendations and action plan for the next period. (one meeting by 31 October 2015)
2. Approved minutes of Steering committee circulated including the above circulated.

Status:

Fourth Steering Committee meeting of World Bank-DFID sponsored PHSRP was held on 27 July 2015 at 2.30 PM under the chairmanship of Secretary Health in the Committee Room

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of Health Department. Representatives of health and different stakeholders attended the meeting. Minutes of this meeting is attached as an **Annex - M**.

Detailed discussion on the DLIs took place during this meeting. Funds utilization status was also reviewed, more than 90% of DFID funds have been utilised by the programs. ADGHS IRMNCH program briefed that major procurement related to Family Planning, Nutritional Commodities have been done through international bidding by IRMNCH program amounting to Rs. 1801 Million. It was also mentioned that the business plan for DFID 2nd Tranche has been prepared and submitted to Finance Department through Health Department for Approval. Next meeting of Steering Committee is expected in First week of November.

DLI – Annual Procurement Plan of DoH (including DGHS) for FY 2015-2016 prepared and posted on PPRAs website (achieved by October 2015)

Means of verification:

1. Quarterly progress review mechanism to see whether funds are being released and procurements initiated as planned.
2. Annual procurement Plan and at least one quarterly progress review report by October and subsequent three more in the year.

Status:

Annual Procurement Plan has been prepared and uploaded on PPRA website (**Annex-N**). The Procurement Cell (PC) has devised mechanism of reviewing the procurement plan. However the mechanism is still not documented. The procurement cell has assured that the mechanism of reviewing the mechanism will be in place in the next two or three days. As the funds were released late in the first quarter, the review meeting is scheduled to be held in the last week of October.

DLI – Adoption of Standard Bidding Documents by DoH (achieved by 31 October 2015)

Means of verification:

- Notification by DoH

Status:

The bidding documents have been prepared and discussed with various stakeholders. Now it has been finalized and notified by the competent authority. Notifications of Standard Bidding Documents for the procurement of (i) Medical Equipment and Machinery and (ii) Drugs/Medicines, Surgical and Disposable Items are attached as **Annex-O** and **Annex-P**. **This DLI is achieved.**

1.5 Data and Information (10%)

DLI – Improved Monitoring and Evaluation capacity of DoH (Achieved by 31 October 2015)

Means of Verification:

1. PC-I for health sector monitoring and evaluation approved.
2. Monthly review meetings at provincial level held including discussions on KPIs with EDOs to be verified from the minutes of the meeting.
3. Functional Knowledge Management Unit to be verified by the quarterly policy briefs and updated websites.

Status:

- i. PC-I for health sector monitoring and evaluation approved

PC-I (**Annex-P1**) for Director General Monitoring and Evaluation has been approved on 19th October 2015 with the total cost of Rs. 749.519 Million. Approved minutes of the PDWP meeting is attached as **Annex-P2**. Summary for allocation of funds and summary for the sanction/clearance of post have been sent to Additional Secretary (Dev), Health Department. Detail timeline is attached as **Annex-Q**. Advertisement of MP-I and MP-II posts has been published in the newspapers by DGHS which includes post for Director General M&E (MP-I), Director PHIS (MP-II), Director Assessment and Survey (MP-II) and Director Field monitoring and Evaluation (MP-II) (**Annex-R**). Advertisement for gazetted and non-gazetted staff has also been published in newspaper by Additional Secretary (Est) which includes Database Manager, Data Analyst, thirty six District PHIS/M&E officers including fifteen statistical officers currently working in the office of DGHS, thirty six computer operator, driver and office boy (**Annex-S**). Procurement process has been initiated.

- ii. Monthly review meetings at provincial level held including discussions on KPIs with EDOs to be verified from the minutes of the meeting.

Monthly meeting of EDOs is being held regularly in DGHS office under the chair of Secretary Health. All Directors and Program Managers of Vertical Programs, Health Roadmap Team and SMU also attended the meeting. All KPIs regarding staff absenteeism, availability of medicines, and functional equipment and service delivery indicators like SBAs and routine EPI are being reviewed to assess the progress of individual districts. Poorly performing districts are asked to explain the reasons for the poor performance and

held accountable. Minutes of the last three meeting held on 7.7.2015, 21.08.2015, 8.09.2015 in the committee room of DGHS are attached as **Annex-T, Annex-U** and **Annex-V**

iii. Outputs of KMU during July-September.

KMU has prepared three policy briefs for the tenure July to September 2015.

- i. Satisfaction with Healthcare Services provided in Public hospitals of Southern Punjab Pakistan. Study of District headquarters Hospital.
- ii. A Synthetic Review of contraceptive supplies in Punjab.
- iii. Unmet Needs for Family Planning.

Objective of first paper was to assess patient satisfaction regarding quality of service delivery at DHQ hospitals of districts of south Punjab. The targeted population was patients and attendants of DHQs. The findings shows that the main factor that highly influenced the satisfaction of patient about DHQs services was the attitude of doctors, lab-technicians, nurses and clerical staffs and to some extent availability of medicines. In the light of this small study, more focus needs to be given to health care providers on attitude and behaviour improvement as this is the basic factor which actually contribute to increased use of public health facilities. In addition to that health care providers needs to be trained on provision of quality of services.

In second brief, an analysis of FP service provision using the PDHS 2013 report, reports from Pakistan Bureau of Statistics, 2011 to 2014, DHIS reports, LHWs and MNCH has been made. Need to promote long acting FP methods has been greatly felt as analysis shows that there has been a decrease in use of IUCD, injectable and surgeries in 2014 as compared to 2011. This paper also provides information on existing supply chain mechanism of FP commodities. Issue of contraceptive supplies to teaching hospital is the biggest challenge and has been taken up by the PSPU. Three meetings with MSs of teaching and EDOs has been conducted to sort out the issue of FP commodities supplies to teaching hospitals involving all stakeholders namely IRMNCH, LHWs program, PWD, UNFPA, Mariestope society, Jhpiego and Population Council. It has been decided mutually that for the interim period IRMNCH and Nutrition program will provide FP commodities to teaching hospitals and later on after cost estimation on the basis of client load, health department may explore other options to address this issue.

In Brief 3, reasons for high unmet need and unintended pregnancy are discussed. It is pointed out that non-use of contraceptive methods and method failure are important reasons for unintended pregnancy. Women of reproductive age experience multiple

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adverse outcomes due to unintended pregnancy. Due to this the likelihood of maternal and neonatal morbidity and mortality is not decreasing. According to MICS 2014, there are some districts of Punjab where use of contraceptive by any method has been decreased in 2014. The trend shows that in these districts public and private sectors are not performing up to mark to get the required results. Priority should be given to those districts where CPR is less than by provincial CPR. Break up of rural and urban CPR will help to get clearer picture of the province and uncovered area will be pointed out. In the light of Brief 3, PSPU in collaboration with IRMNCH program and Population Welfare department has been working for mapping of districts regarding FP service provision by health and PWD outlets and also to decide further accordingly.

Briefs are enclosed as **Annex-W, Annex-X and Annex-Y respectively.**

Status of the Financial Management Cell (FMC):

Financial Management is an important function of the Health Department. At present FMC is only staffed with six computer operators, one planning officer and some support staff recently added. The planning officer is working for the development wing only. The cell is supervised by the Additional Secretary (Development) Health Department. TRF+ has provided support of three long-term consultants for strengthening of FMC and building FMC staff capacity. They are currently working on supporting health department on implementation of the risk mitigation plan and developing financial management systems. Health department has re-advertised the technical positions to start hiring on adhoc basis for FMC staff. FMC has been allocated physical space and now a full room is available to the FMC staff. Following is the vacancy position as on 30th June, 2015.

Title	BPS	Sanctioned	Filled	Vacant	Remarks
Deputy Director	18	1	-	1	Appointed and working
Budget Officers	17	2	-	2	Appointment letters issued; they did not join. Now being recruited through PPSC, interviews on 6 November 2015
Planning Officer	17	1	1	-	Recruited but not working for the FMC
Computer Operators	15	6	5	1	Not all are available to FMC
Stenographers	15	3	3	-	Not all are available to FMC
Clerks	7	4	4	-	

1.6 Financing (20%)

DLI – Development Expenditure for Health Increases by 20% for FY 2014/15 compared to 2013/14.

Status

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It was decided that analysis of the development expenditures will be carried out if the figures of the civil account will be available. As intimated by the Finance Department till today civil accounts are not available. Financial Management Cell (FMC) is continuously pursuing the finance department for provision of the same. The analysis will be carried out on availability of figures.

However, based on the data extracted from the PIFRA as on 30th June, 2015, the DLI for 20% increase in development budget execution rate has been met. In order to meet this DLI the utilisation rate required was 52%¹, whereas the utilisation rate for development budget for FY 2014/15 is recorded at 80%² based on original budget estimates.

DLI – Quarterly budget execution report and review meetings

Status

FMC with support from the TRF+ consultants started preparing a budget review mechanism for both current and development budgets. For this an inception meeting was held with the AS(D) to present a basic framework. After discussions and a number of iterations a system to review current budget was agreed with the HD. This system in summary includes, preparation of detailed review reports on a monthly basis and a consolidated summarised report on a quarterly basis using PIFRA data. For this purpose trainings were arranged for the FMC staff on use of PIFRA and a request sent to PIFRA for allowing access to FMC on PIFRA terminals. This requested has been processed and access granted. Two reports for the month of July and August, 2015 have been prepared and discussed within the FMC and relevant actions taken. While a consolidated quarterly report will be prepared by 3rd week of October, 2015.

For the development budget focus is on two areas (i) developing a dashboard to review progress of development schemes implementation while tracking the process, (ii) automation of MPR preparation process. Work has been initiated on developing the dashboard with an initial interface available. Data entry is also being done by the FMC staff. The system will take time to review and further improve.

Budget Analysis Report is attached as **Annex – Z**

DLI – Quarterly report on implementation of RMP

Status

Health Department, recently has been regularly reviewing the implementation of progress of RMP by fortnightly meetings. The six monthly detailed RMP implementation plan is used as a framework to gauge progress. Recently in a meeting with AS (D) it was decided that DD FMC will now be preparing a monthly report on RMP implementation which will be consolidated on a quarterly basis.

¹ Utilisation rate for FY 2013-14 = 43.3%

² Development allocation = PKR 26,280 million, Development expenditure = PKR 20,965 million (FY 2014-15).

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Quarterly Utilization vs. Allocation of PHNP financial aid

Two business plans are now under implementation with coordination role being provided by the PSPU.

Business Plan 1 (BP1) – A total of PKR 2,150.926 million was available as financial aid with the department of health during the fiscal year 2013-14 out of which PKR 2,125 was released by the FD for implementation of activities as agreed under the business plan. An additional PKR 900 million was released to fund activities of BP1. A summary of releases and expenditures as on 30th September, 2015 for BP1 are presented in the table below.

Table 1: Summary of programme/initiative wise releases and expenditures as on 30th September, 2015 (PKR) – BP1

Programme	Allocation	Revised Allocation	Expenditure	Committed
Rural Emergency Ambulance Service	74,300,000	-	-	-
Integrated Reproductive Maternal and Neonatal Child Health Programme	1,800,000,000	1,800,000,000	1,397,341,680	402,658,320
Maternal and Neonatal Child Health Programme	44,520,800	1,614,000	1,614,000	-
National Programme for Family Planning and Primary Health Care	59,960,000	59,398,050	59,398,050	-
District Health Information System	33,552,326	14,396,935	-	14,396,935
Expanded Programme for Immunization	126,935,000	125,008,350	125,008,350	-
Communicable Disease Control Programme	21,123,500	300,000	-	300,000
Provincial Environmental Health, Medical Waste and Infection Control Program	51,962,760	51,384,086	51,384,086	-
Provincial Health Development Centre	31,578,144	31,578,144	12,634,162	18,943,982
Essential Package of Health Services - Medicine Transportation	72,000,000	-	-	-
Monitoring and Evaluation Assistants (MEAs)	69,956,000	41,895,534	41,895,534	813,093
Essential Package of Health Services - District Government	345,242,000	345,242,000	345,242,000	-
	294,820,790	294,820,790	37,850,548	256,970,242
Total	3,025,951,320	2,765,637,889	2,072,368,410	694,082,572
Utilisation Rate			75%	100%

Source: Release order from Finance Department and programme reports on expenditure.

BP2 – Second business plan was approved by the health department on the 16th of July, 2015. The total cost of this business plan is PKR 1,762.65 million with the government share amounting to PKR 7,396.52 million. Table below provides the summary of allocation, releases and expenditures as of 30th September, 2015.

Table 2: Summary of programme/initiative wise releases and expenditures as on 30th September, 2015 (PKR) – BP2

Programme/Initiative	Allocation	Release	Expenditure to Date	Committed Expenditure	Government share	
					Allocation	Expenditure
Rural Emergency Ambulance Service	203,560,000	203,560,000	-	-	150,750,000	

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Programme/Initiative	Allocation	Release	Expenditure to Date	Committed Expenditure	Government share	
					Allocation	Expenditure
National Programme for Family Planning and Primary Health Care	546,496,800	546,496,800	-	482,985,000	5,665,000,000	
Expanded Programme for Immunisation	147,395,000	50,000,000	-		1,492,000,000	
Implementing EPHS	215,757,600	100,000,000		60,369,000	-	
Improving Monitoring and Evaluation	96,017,850	96,017,850	-		-	
Seminar/Symposium/Conferences/Consultative Meetings on EPHS, PHC & Contracting Out	3,050,000	3,050,000	-		50,000,000	
Financial Management Cell	2,000,900	2,000,900	-		8,400,000	
Internal Audit Wing	2,005,000	2,005,000	-	-	20,370,000	
IRMNCH	546,363,845	400,000,000	95,740,000	-	-	
Total	1,762,646,995	1,403,130,550	95,740,000	543,354,000	7,386,520,000	
Utilization Rate			5%	36%		

Government Funding in addition to DFID

During the fiscal year 2015-16 Government has allocated a total of PKR 132,293 million for the health sector in Punjab³. This allocation is split between Provincial and District Level by 71% and 29%⁴ respectively. Table below shows the allocation by Provincial and District level and also by current and development budget streams.

Table 3: Health Sector Budget Allocation for the Fiscal Year 2015-16 (PKR million)

Level	Current	Development	Total
Provincial	63,061	30,725 ⁵	93,786
District	38,507	0	38,507
Total	101,568	30,725	132,293

Source: Information for provincial current and development budget has been extracted from the budget books, whereas data on district current budget has been extracted from the PIFRA. Budget allocation in PIFRA and printed budget books may not be the same.

No release from DFID was made during the first quarter of FY 2015-16. The unspent balance of DFID financial aid provided to data represents 0.6% of the total government

³ Consolidated provincial and district, current and development.

⁴ Note: development budget includes allocation for both provincial and district level, therefore actual district share will be more.

⁵ Includes capital and revenue

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allocations for health in Punjab and 2% of the development allocations (including capital component) during the fiscal year 2015-16.

Budget Analysis

Table below presents a consolidated⁶ picture of Punjab Health Budget for the fiscal year 2015-16 by major object classifications.

Table 4: Consolidated Budget and Expenditure for Punjab for the 1st Quarter of the Fiscal Year 2015-16 (PKR) as on 30th September, 2015

Object Classification	Original Budget Estimates	Revised ⁷ Estimates	Released Amount	Expenditure to date
A01-Employee Related Expenses	63,771,121,103	-	56,771,921,052	12,258,924,095
A02-Project Pre-Investment Analysis	7,803,000	-	7,803,000	-
A03-Operating Expenses	23,095,034,484	-	18,563,092,181	2,477,317,824
A04-Employee's Retirement Benefits	574,299,149	-	411,152,449	49,383,372
A05-Grants Subsidies and Write-off Loans	5,057,057,509	-	2,699,203,420	905,924,950
A06-Transfers	9,158,961,286	-	8,292,659,615	4,853,716,612
A09-Physical Assets	5,740,546,211	-	5,509,754,290	168,859,145
A12-Civil Works	99,839,000	-	99,839,000	14,656,187
A13-Repairs and Maintenance	1,017,105,655	-	761,454,022	71,555,719
Total	108,521,767,397	-	93,116,879,029	20,800,337,904

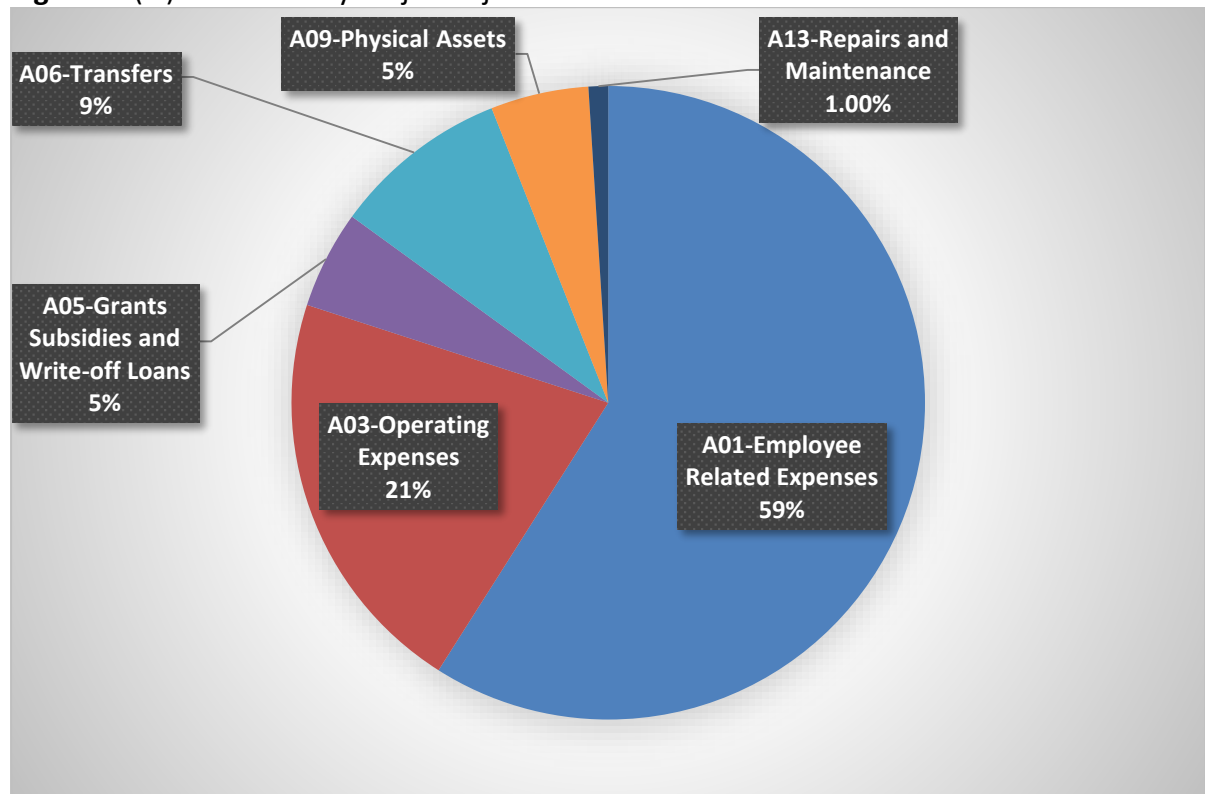
Source: Report generated using PIFRA system as on 30th September, 2015

Highest allocation (59%) was made for payment of salaries followed by operating expenses (21%) in the Punjab for the fiscal year 2015-16. Figure below presents consolidated share of each expenditure head for the fiscal year 2015-16.

⁶ Provincial + District + Current + Development

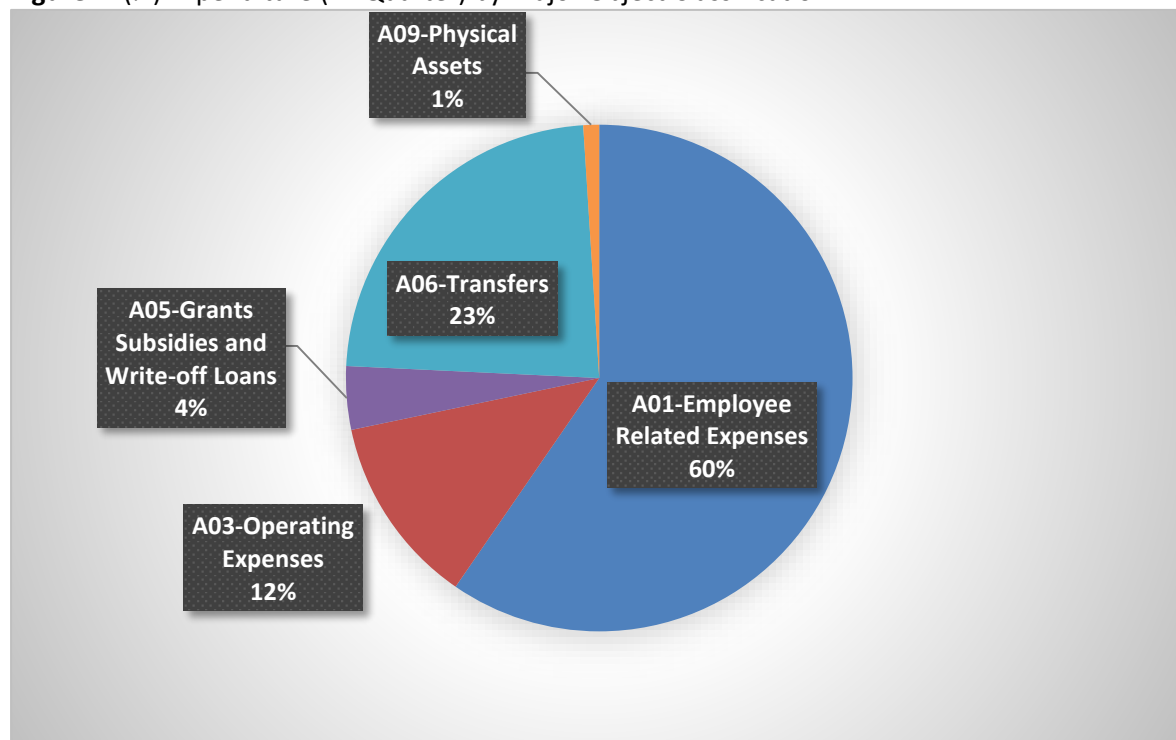
⁷ Revised estimates in this document refer to changes made during the year in the PIFRA system which maybe due to error during uploading the budget or omissions made.

Figure 1: (%) Allocation by Major Object Classification



The major share in actual expenditures for the 1st quarter of the fiscal year 2015-16 was for salaries (60%) followed by transfers (23%).

Figure 2: (%) Expenditure (1st Quarter) by Major Object Classification



1.7 Medical products

DLI - 85% of basic health facilities and RHCs - PHC facilities reporting no stock outs for at 18 tracer drugs (including contraceptives) over last three months. (Achieved by 31 October 2015)

Means of Verification:

- i. Quarterly DHIS report prepared by DoH on stock level at facilities prepared by Provincial MIS cell.
- ii. MEA data verifies availability of contraceptives and no stock outs.

Status:

- i. According to latest information provided by DHIS Cell in DGHS office, there has been a considerable improvement in availability of essential medicines with almost 99% availability in majority of districts. The Road Map team has analysed data collected by MEAs and it also shows that there has been significant improvement in the availability of essential medicines.

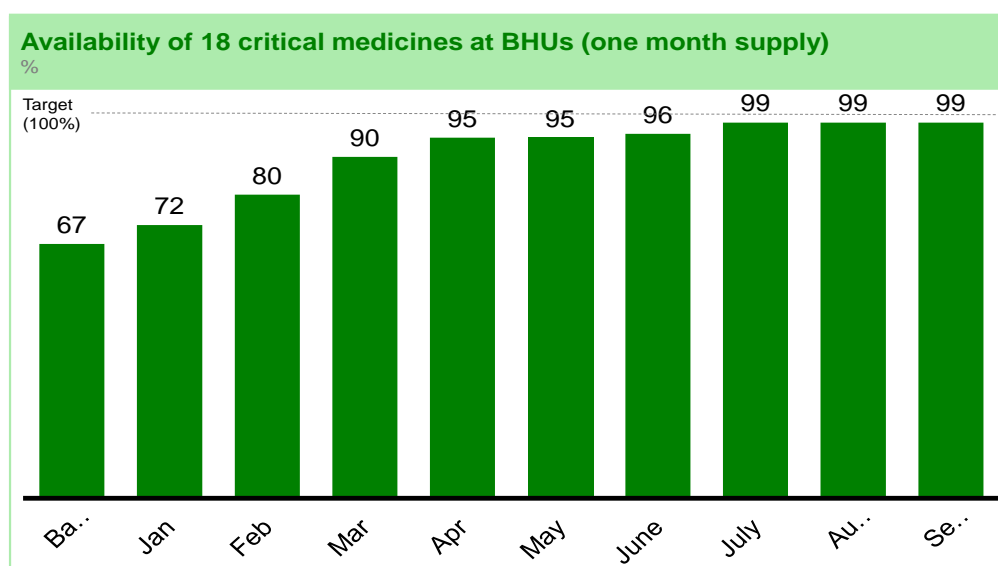
Sr No	Districts	% age stock available.
1	Attock	100
2	Bahawalnagar	99
3	Bahawalpur	99
4	Bhakkar	100
5	Chakwal	99
6	Chiniot	100
7	D.G Khan	94
8	Faisalabad	99
9	Gujranwala	100
10	Gujrat	100
11	Hafizabad	99
12	Jhang	100
13	Jhelum	99
14	Kasur	100
15	Khanewal	99
16	Khushab	97
17	Lahore	100
18	Layya	99
19	Lodhran	100
20	Mandi Baha ud din	100
21	Mianwali	97
22	Multan	98

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23	Muzaffargarh	100
24	Nankana Sahib	99
25	Narowal	99
26	Okara	98
27	Pakpatan	100
28	Rahimyar Khan	99
29	Rajanpur	100
30	Rawalpindi	100
31	Sahiwal	100
32	Sargodha	99
33	Sheikhupura	100
34	Sialkot	100
35	Toba Tek Singh	100
36	Vehari	100
TOTAL		99

ii. MEAs data analysis

Availability of medicine has consistently remained up to 99%

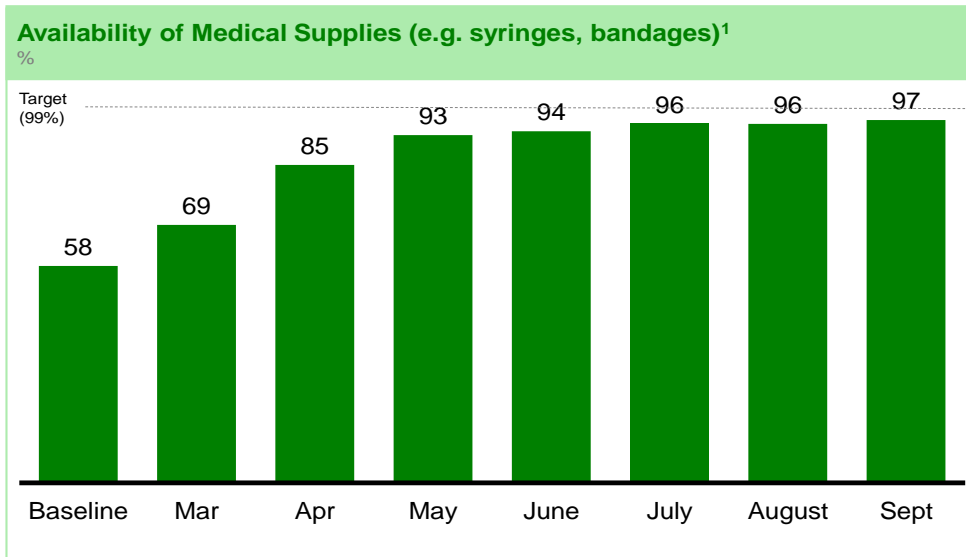


SOURCE: MEA data

3

There has been a steady increase in availability of 18 critical medicines in BHUs over the year. In January 2015, availability was 72% which reached 99 % in July and remained static at 99 % till September. Almost all BHUs have received the one month stock of critical medicine for the month of September

Availability of medical supplies is now very close to the provincial target



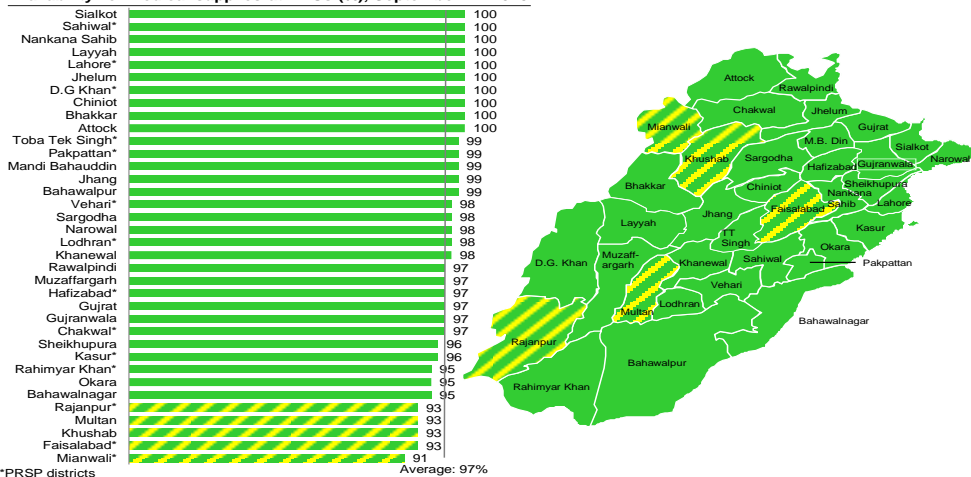
1. Availability measured through index of stock-levels of each supply at each BHU of district
SOURCE: MEA data

5

The bars diagram above shows the percentage of available supplies in the province in this year. There has been an increase over the months, with a marked increase between March to May when, supplies increased from 58% to 93 % respectively and finally became 97% in September. The Target is 99%, which is still to be achieved.

A final push is required for Punjab to achieve its availability of medical supplies target

Availability¹ of medical supplies at BHUs (%), September 1H 2015



6

The above map shows that majority areas in Punjab had adequate medical supplies but few areas need a final push regarding meeting the targets. These areas are Rajanpur, Multan, Khushab, Faisalabad and Mianwali.

DLI. 70% Lady Health Workers report no stock outs for essential medicines and contraceptives (achieved by 31 October 2015).

Means of Verification:

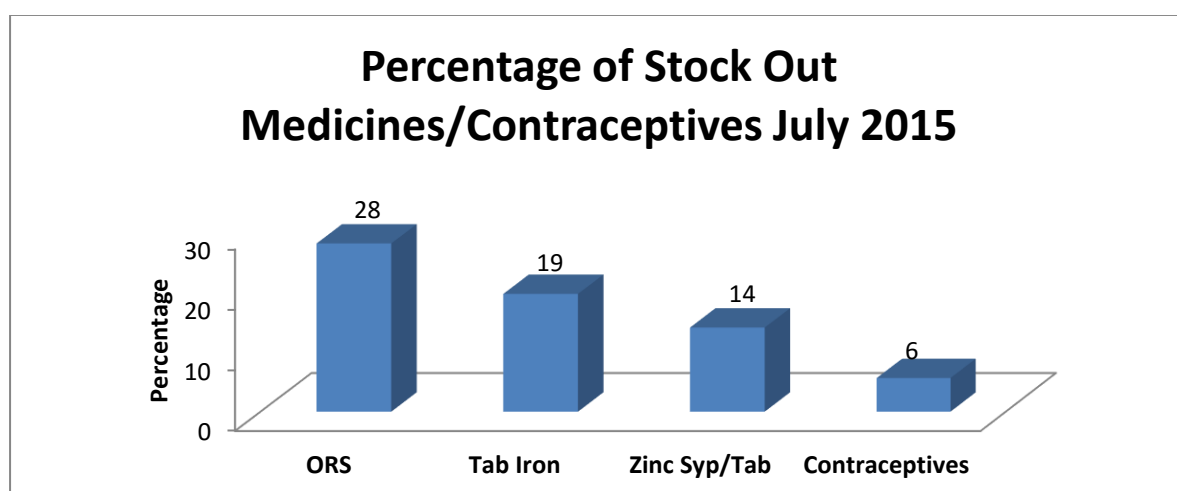
1. Monthly report prepared by LHW programme on supplies available: trend monitored quarterly by LHW Programme.
2. Rapid external assessment report on status supply availability: to be done annually.

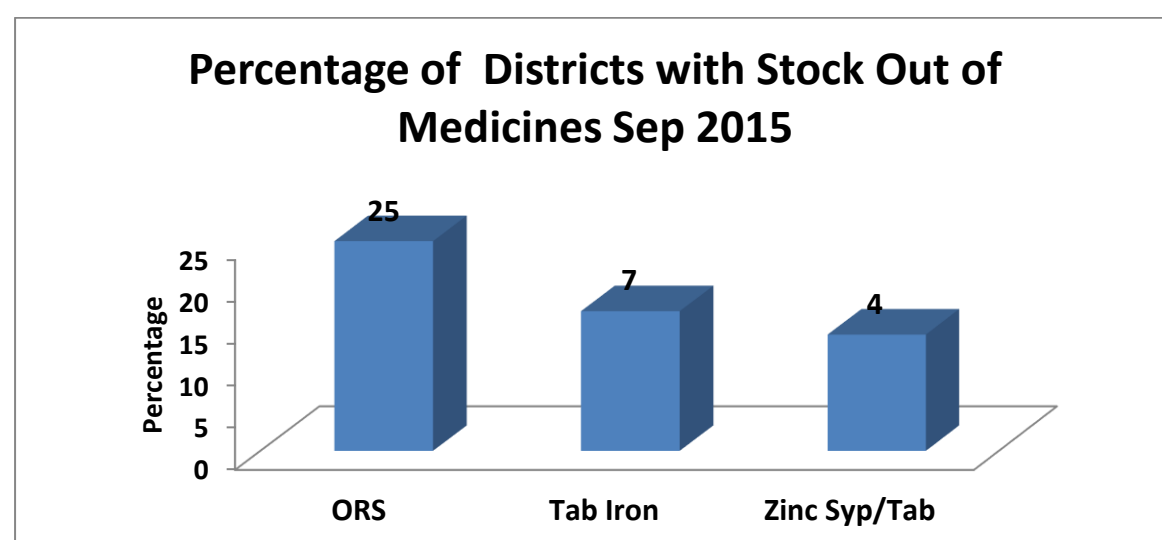
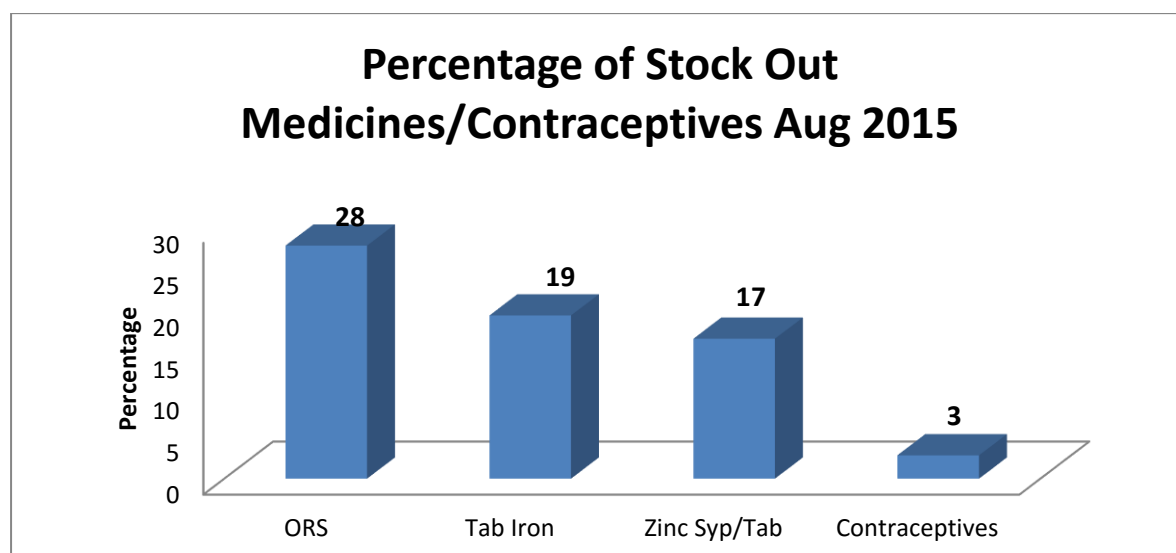
Status:

According to latest information provided by LHWs MIS, target of 70% report with no stock out has been reached and now it has been improving further.

In the reports of stock position of essential medicine/contraceptives for the third quarter some districts are showing stock out of ORS, Iron Tab and Zinc Syp/Tab. ORS and Iron Tab have been provided to districts by Provincial Office in the month of October 2015. As far as, Zinc is concerned, it is intimated it could not be procured during last financial year by purchase cell. The procurement of item is under process by IRMNCH against which the bids have been received and will be procured by the end of December 2015.

No Stock out in the month of July was 72%, which remained same in August and September 2015.





Progress against agreed PHNP Log frame:

<p>Output 1:</p> <p>Output 1.1: Average FP users per month per LHW catchment population. Baseline: 50 FP users/month per LHW in 2011 LHW MIS Milestone for 2015-16 : 60 FP users/month per LHW Status: On average 95 FP users/month per LHW</p>
<p>Output 1.2: Public Sector Health Care Facilities. Baseline: 90 out of 132 facilities providing Comprehensive EmONC services. Milestone for 2015-16: 150/187 health care facilities providing complete package of CEMONC care. Status: 121/161 facilities providing comprehensive EmONC services- 27/28 teaching hospitals, all 29 DHQs and 65 /104 THQs.</p>

<p>Output 1.3: Number of CMWs completing monthly reporting. Baseline: Milestone for 2015-16: TBC CMWs deployed, TBC reporting monthly. Status: 1907 CMWs reporting monthly , total deployed 2163 (Aug 2015)</p>
<p>Output 1.4: Percentage of deployed CMWs with an average of two or below deliveries per month (average over X months) Baseline: Milestone for 2015/2016: 31% 2015, Status:</p>
<p>Output 1.5: Percentage of registered children with Severe Acute Malnutrition (SAM) who are being treated in target districts Baseline: Milestone 2015/2016: 55% 2015, Status : 93%</p>

2. Key Challenges and Lessons Learnt

Futuristic Approach for LHWs & CMWs, 24/7 BHUs.

The Policy and Strategy Planning Unit is working on improving the linkage between LHWs, CMWs and 24/7 BHUs to ensure efficient delivery of primary health services. Major issues faced by the CMWs is lack of adequate coverage, poor retention, lack of proper monitoring and supervision, lack of interactive and practical training sessions for CMWs. Lack of business skills, Poor skills of deployed CMWs, shortage of CMW tutors, poor acceptance of CMWs by the community. In this regards a detailed two days meeting involving all stakeholders namely World Bank, TRF+ and health roadmap was carried out under the chair of Secretary Health and important decisions were taken. Minutes are attached as annexure

Improving coverage of CPR.

The major challenge facing PSPU is to increase CPR (contraceptive prevalence rate) to attain the 2020 goal of 55% prevalence. According to the latest MICS 2014, CPR of modern methods is 30.8% and for traditional methods 7.9%. There is need to improve coordination between Health, PWD and other stakeholders working for FP. Various activities/strategic interventions have been identified in above mentioned meeting and reflected in minutes and work is under process. A taskforce on FP and PFP has also been formed and first meeting took place.

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In addition to this work for the establishment of Population Development Fund is under process at the level of P&D where further support from DFID and WB and from other INGOS will be required to meet the high unmet need.

3. Way Forward:

- To support Contracting Out as Government intends to go for contracting out across Punjab, so more funds will be required for performance based incentives.
- For implementation of EPHS as currently less than 50% of the funds are being provided to districts than actually required.
- Improving Immunization
- Expansion and Deployment of LHWs to increase the coverage
- For training and refresher courses of all LHWs as according to an assessment done by Roadmap, they need extensive training
- Establishment of Population Development Fund for improvement of FP services especially in uncovered areas.